



Managed Long-Term Services and Supports Consulting Services

OFFICIAL RESPONSES TO VENDOR QUESTIONS RFP-2017-OMS-02-MANAG

No.	Question	Answer
1	RFP Section 1.1., p 4. In addition to the CFI 1915 (c) Waiver Amendment, is the contractor responsible for drafting the 1915 (b) Waiver?	The contractor will work with Department staff to ensure the waivers prepared for both the CFI 1915 (c) amendment and the 1915 (b) concurrent waiver authority contain the elements needed to incorporate LTSS into the managed care delivery system.
2	RFP Section 1.1., p 4, Section 2.1., p 7, Section 3.1., p 8, & Section 5.2., p 13. Recognizing the Contract Amendment cannot be finalized without the CFI 1915 (c) Waiver Amendment completion, will the Department consider a later implementation date (beyond 1/1/18) to ensure sufficient time for Waiver Amendment CMS approval, Contract Amendment completion, rate calculations and verification, MCO negotiations and readiness review?	<p>The Department has a target effective date of January 1, 2018. It is expected that the selected vendor will comply with the Statement of Work to meet the January 1, 2018 effective date.</p> <p>Note that in Section 3.4, Q3, the Department requires "a detailed Project Plan that meets, inclusive of timeline and deliverables, the January 1, 2018 effective date for the incorporation of CFI and NF services into the current managed care program through contract amendment."</p>



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<p>3 RFP Section 2.1. Please advise as to the changes in the expected MLTSS implementation as highlighted in the variation noted in the previous (canceled) procurement vs. this one.</p> <p>Original RFP language:</p> <p>The current managed care contracts are full-risk contracts utilizing capitated rates. The State is undertaking a re-procurement process to continue the Medicaid Care Management program after June 30, 2018. This procurement process will be open to any potential bidders, not just those companies currently under contract to administer Medicaid State Plan Services in New Hampshire. For State Fiscal Year 2017, the State's payments for managed care services are approximately \$600,000,000. The State will be undertaking a re-procurement process to continue the Medicaid Managed Care program after June 30, 2018 inclusive of select long-term service and supports.</p> <p>Current RFP Language</p> <p>The State is undertaking a contract amendment to incorporate Medicaid managed long term services and supports, specifically Choices for Independence waiver and Nursing Facility services, into the MCM program effective January 1, 2018. For State Fiscal Year 2017, the State's payments for managed care services are approximately \$600,000,000.</p> <p>In order to meet the January 1, 2018 effective date, the Department of Health and Human Services will contract with an experienced MLTSS professional consultant to support the development of an implementation plan for the inclusion of CFI and NF services, a CFI 1915 (c) waiver amendment with a concurrent 1915 (b), and a managed care contract amendment with contract oversight plan.</p>	<p>Please note that RFP-2017-OMS-02—MANAG – Managed Long-Term Services and Supports Consulting Services posted on 02-27-2017 replaced RFP-2017-OMS-01-MANAG posted on November 18, 2016.</p> <p>RFP-2017-OMS-02—MANAG – Managed Long-Term Services and Supports Consulting Services posted on 02-27-2017 describes in Section 2.1 the State's direction to undertake "a contract amendment to incorporate Medicaid managed long term services and supports, specifically Choices for Independence waiver and Nursing Facility services, into the MCM program effective January 1, 2018."</p>
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4	<p>RFP Section 3.2.1. (page 8)</p> <ol style="list-style-type: none">1. Is the Contractor for this RFP expected to write the MLTSS implementation plan?2. If the Contractor for this RFP is expected to write the MLTSS implementation plan, how many components of the implementation plan is the Contractor expected to write?3. Will DHHS staff draft the MLTSS implementation plan?4. Is the Contractor for this RFP expected to participate in the workgroup that is required by statute?5. If the Contractor for this RFP is expected to participate in the workgroup, please describe the responsibilities of the Contractor.6. What is the role of the workgroup in developing the implementation plan?7. How many more months is the workgroup scheduled to meet?	<ol style="list-style-type: none">1. Per Section 3.2.1.1, the consultant is required to work with the Department to deliver the implementation plan draft, with follow-on revisions, taking into consideration MLTSS implementation plans from other states, recommendations made by the SB 553 workgroup, and requirements established by the Department. It is expected that the selected consultant will do some writing and revisions of the implementation plan.2. Per Section 3.3.2, and per SB 553, the Department, in consultation with the working group, shall prepare a plan for the implementation of nursing facility and CFI waiver services into the managed care delivery system. Each plan will include, at a minimum, a detailed description of the following: eligibility and enrollment, covered services, transition planning, prior authorization, transportation, pharmacy, case management, network adequacy, credentialing, quality metrics and outcome measurements, patient safety, utilization management, finance and reimbursement, rates and payment, grievance and appeals, and office of ombudsman. Each plan shall also address how the incorporation of the services into managed care shall achieve the legislative intent of providing value, quality, efficiency, innovation, and savings. It is expected that the selected consultant will make recommendations on all elements outlined above.3. Department staff will be actively involved in drafting the plan and provide narrative, as well as comments, on plan recommendations developed by the consultant.4. The Contractor is not expected to actively participate in the SB 553 workgroup, but will consult on recommendations made by the workgroup.5. See response number 4.6. Per Section 2.1, the SB 553 workgroup will provide recommendations, through the SB 553 process, that will help inform the Department's implementation plan, waiver amendment, and contract amendment.7. Per SB 553, the group will meet until the "Department of Health and Human Services has prepared and adopted a comprehensive plan for the services to be incorporated into managed care."
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5	<p>RFP Section 3.2.2 Scope of Services, pages 8 and 9 –</p> <ol style="list-style-type: none"> 1. Will the Department be amending the current “Mandatory Managed Care for State Plan Services for Currently Voluntary Populations” 1915(b) waiver to run concurrent with the CFI 1915(c) waiver? Or will a new, separate 1915(b) waiver be developed for MLTSS? 2. Please clarify what the role of the vendor will be with the 1915(b) waiver, including the cost-effectiveness financial test for the 1915(b) waiver. 	<ol style="list-style-type: none"> 1. Yes. The Department will be amending the current “Mandatory Managed Care for State Plan Services for Currently Voluntary Populations” 1915(b) waiver to run concurrent with the CFI 1915(c) waiver. 2. The contractor will work with Department staff to ensure the waivers prepared for both the CFI 1915 (c) amendment and the 1915 (b) concurrent waiver authority contain the elements needed to incorporate LTSS into the managed care delivery system and will be supported by the state’s actuary in developing the cost-effectiveness material needed for the 1915(b) waiver.
6	<p>RFP Section 3.2.2 Scope of Services and Section 3.2.2.1 page 8 – Section 3.2.2 states “New Hampshire’s CFI waiver requires a CMS amendment to provide for MLTSS.”</p> <ol style="list-style-type: none"> 3. The goal would be to develop a CFI amendment ready for public comment as part of the engagement.” 3.2.2.1. states that the consultant will: “Assist with the writing of the draft of MLTSS compliant Choices for Independence (CFI) waiver amendment with DHHS staff and follow- on revisions with input from stakeholders and CMS.” Please confirm that the consultant is expected to support the Department past the draft for public comment and through any the subsequent revisions, submission to CMS, negotiations and CMS approval. 4. Please describe the anticipated proportion of the Choice of Independence waiver amendment that the Contractor is expected to write. 5. Please further describe the anticipated role of the Contractor in the cost neutrality component of the waiver? For example, is the Contractor expected to lead this activity or provide subject matter expertise? 6. Is the Contractor expected to assist with the 1915(b) waiver? 7. If the Contractor expected to assist with the 1915(b) waiver, please describe the Contractor’s expected role. 	<ol style="list-style-type: none"> 3. It is expected that consultant will work with the Department past the draft for public comment and through any the subsequent revisions, submission to CMS, negotiations and CMS approval. 4. Per Section 3.2.2, the contractor is expected to provide specific amendment recommendations that allow for the incorporation of CFI waiver services into the Medicaid Care Management Program. 5. The State’s Actuary will perform cost-neutrality calculations and will work with staff and the consultant to complete the 1915(b) waiver. 6. Yes. 7. The contractor is expected to make recommendations to the Department for the 1915 (b) waiver narrative and will be supported in developing the cost-effectiveness financial test for the 1915 (b) calculations by the Department and the State’s Actuary.
7	<p>RFP Section 3.2 Scope of Services, 3.2.2.5 – Please confirm that the vendor will be expected to bring resources to assist with the 1915(c) waiver cost neutrality, but lead responsibility will be with the Department (and/or the Department’s actuary.)</p>	<p>Confirmed.</p>



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8	RFP Section 3.2. Scope of Services, 3.2.3.2., page 9. – Please confirm that the bidder is only required to provide narrative from other MLTSS contracts, recommendations, examples of best practices, etc. but is not required to actually amend the existing MCM contract.	The selected vendor is required to provide narrative from other MLTSS contracts, recommendations, examples of best practices, etc., as well as provide the Department with specific recommendations for the Department to amend the existing MCM contract for the inclusion of MLTSS NF and CFI services. A red-lined version of the contract incorporating recommendations from the consultant would be an anticipated deliverable.
9	<p>RFP Section 3.2.3. (page 9)</p> <ol style="list-style-type: none"> 1. Is the Contractor for this engagement precluded from also serving as the Contractor for the Professional Technical Assistance and Consulting Services for Managed Care Procurement RFP? 2. What responsibilities will the Contractor for the Professional Technical Assistance and Consulting Services for Managed Care Procurement RFP have relative to the MLTSS RFP? 3. In developing the MLTSS RFP, contract language, and oversight practices, what is the anticipated proportion of work to be completed by 1) DHHS, 2) the Contractor for the Professional Technical Assistance and Consulting Services for Managed Care Procurement RFP, and 3) the Contractor for MLTSS Consulting Services? (e.g., 33%, 33%, 33%). 4. Is the Contractor for this RFP expected to write the MLTSS RFP? Will DHHS staff draft the MLTSS RFP and contract? 5. Is the Contractor for this RFP expected to write the MLTSS contract? 	<p>Pursuant to Section 6.14 of RFP-2017-OMS-03-PROFE, the Department canceled this Request for Proposals.</p> <p>Per Section 2.1, the State is now undertaking a contract amendment to incorporate Medicaid managed long term services and supports, specifically the Choices for Independence waiver and Nursing Facility services, into the MCM program effective January 1, 2018. Per Section 3.2.2, the selected consultant will assist in the preparation of the contract amendment language for the inclusion of CFI and NF services into the MCM program and deliver a plan for contract oversight. Further details for the Scope of Services are outlined sections 3.2.3.1 – 3.2.3.5.</p> <p>Please see responses to questions 3 and 23 for additional information.</p>
10	<p>RFP Section 3.2.3.3. (page 9)</p> <ol style="list-style-type: none"> 1. Is the Contractor for this RFP expected to write policies and procedures for compliance practice? 	Per Section 3.2.2.2, the selected consultant is required to “identify and provide policies and procedures from other state implementations that stand up a NH specific implementation.” Yes, the contractor is expected to write policies and procedures for compliance practice specific to MLTSS.
11	<p>RFP Section 3.2.3.4. (page 9)</p> <ol style="list-style-type: none"> 1. Does DHHS currently use a general managed care dashboard? 2. Does “compliance recommendations” refer to the current managed care program or the MLTSS program? 	<ol style="list-style-type: none"> 1. The Department does not have a general managed care dashboard. 2. Compliance recommendations, inclusive of policies and procedures, are specific to the MLTSS program.



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12	<p>RFP Section 3.4. p 10. This procurement has a significantly compressed timeline for achievement of the stated objectives. Our experience indicates the timing and duration of many of the steps (minimum 90 day CMS approval window, 30-day public comment period, etc.) are outside of responder's control which leaves very compressed periods for the contractor's work.</p> <ol style="list-style-type: none">1. Has the Department already made all key policy and design decisions needed for the contractor to draft the waiver amendment and MCO contract amendment upon award of the contract?2. If not, when does the Department expect to have outstanding decisions made?	<p>The Department expects that the selected contractor will review current policy determinations, as well as further identify policy and design considerations that will inform the waiver amendment and MCO contract amendment. It is expected that the selected consultant, with their knowledge and experience, will accelerate the Department's decision making to meet the January 1, 2018 effective date.</p> <p>Note that in Section 3.4, Q3, the Department requires "a detailed Project Plan that meets, inclusive of timeline and deliverables, the January 1, 2018 effective date for the incorporation of CFI and NF services into the current managed care program through contract amendment."</p>
13	<p>RFP Section 3.4. p 10. Does the Department anticipate any changes to benefits in the CFI waiver that would impact rates? If yes, how does this impact the project timeline?</p>	<p>The CFI waiver renewal anticipates CMS approval for new services. To learn more about the waiver renewal and services, please review the draft waiver at the Department's web site at http://www.dhhs.nh.gov/ombp/medicaid/documents/cfi-waiver-renewal-013017.pdf. The Department expects to submit the waiver renewal to CMS by March 30, 2017.</p>
14	<p>RFP Section 3.4.1.1, Question 1 (page 12) asks bidders to provide two examples with a minimum of three references, of consulting experience. Please clarify if DHHS is requesting three references for each project example? Is DHHS requesting three references from three different project examples?</p>	<p>Section 3.4.1.1. (page 10) requires that bidders reference two (2) MLTSS consulting engagements with states that have amended current managed care contracts to include the delivery of 1915 (c) waiver and NF services. The Department requires that you describe your role, and the organizations and states, and coalitions you can leverage, to contribute to NH's implementation plan, waiver amendment, and contract amendment.</p> <p>Section 7.2.2.6 requires relevant information about 3 similar or related contracts or subcontracts awarded to the bidder. These three references may be related to the two (2) MLTSS consulting engagements referenced per Section 3.4.1.1.</p>



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15	<p>Section 3.5 Compliance, Section 3.5.1.5, Section 3.5.1.6 & Section 3.5.1.7, pages 11 and 12 – The Culturally and Linguistically Appropriate Standards: The requirement appears related to the provision of direct services to eligible individuals.</p> <ol style="list-style-type: none">1. Please confirm a four-factor analysis and completion of Appendix D is not required for this contract.2. RFP states that vendors will "submit a detailed description of the language assistance services they will provide to LEP persons to ensure meaningful access to their programs and/or services, within 10 days of the date the contract is approved by Governor and Council." Can the State please explain what is intended here?3. If the contract is for support to develop an implementation plan, under which conditions would a team interact with LEP (Limited English Proficiency) persons to ensure access to their programs and services? Does the State anticipate a front-line role for the selected vendor, interacting directly with patients? If so, can the State please describe in detail the activities that will be expected in relation to LEP persons?	<ol style="list-style-type: none">1. All bidders are required to return the 3-page Appendix D CLAS Requirements document completed, signed and dated. The four-factor analysis is not needed.2. The culturally and linguistically appropriate standards requirement assures the State the bidder is in compliance with all applicable federal civil rights laws.3. The State does not anticipate a front line role of directly interacting with patients for the selected vendor but may be involved in consultations that require interaction with the general public involved with SB 553 implementation planning.
16	<p>RFP Section 6.2., p 14.</p> <ol style="list-style-type: none">1. Will the Department consider extending the Technical and Cost Bids Submission Deadline from March 15 to March 29 since the responses to these questions will not be received until March 10th?2. If not, will the Department consider releasing answers to questions earlier than March 10th?	<ol style="list-style-type: none">1. No.2. No.
17	<p>RFP Section 6.13 (page 17) Will DHHS permit bidders to submit (along with their proposal submittal) a redacted version of its proposal on CD/thumb drive that DHHS may use in response to public records informational requests?</p>	<p>Yes.</p>



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18	RFP Section 7.2.3. Cost Bid Proposal Contents – Details, Section 7.2.3.2., page 23 – requests that we provide audited financial statements for the four most recently completed fiscal years. As a publicly traded company our financial statements are more than 100 pages (per year). To reduce the environmental impact of this solicitation, would DHHS be willing to accept the required financial documents in the electronic submittal along with a link to the investor tab of our website where all visitors have 24/7 access to the financial documents?	The State will accept electronic PDF copies of the four years of audited financial statements on CD or Memory Card/Thumb Drive.
19	RFP Section 7.2.2.9. (page 23) <ol style="list-style-type: none"> 1. Is an original version of the New Hampshire Certificate of Good Standing required or is a copy acceptable? 2. Our company ordered and purchased a New Hampshire Certificate of Good standing in December 2016 for the prior solicitation that was cancelled. Are we required to re-purchase a Certificate of Good Standing for this procurement or will the Certificate dated December 2016 be acceptable? 	<ol style="list-style-type: none"> 1. A copy is acceptable. 2. A copy of the December 2016 is acceptable; however, selected bidder will be required to obtain a current Certificate of Good Standing with the NH Secretary of State's Corporate Division, dated 4/1/2017 or later.
20	RFP Appendix B (pages 27-52) Please clarify and confirm the following: <ol style="list-style-type: none"> 1. Please confirm that Appendix B is provided for informational purposes only and to aid bidders in completing RFP Appendix A (Exceptions to terms and Conditions). 2. Please confirm that RFP Appendix B (pages 27-52) does not need to be completed and signed and submitted with a bidder's proposal. 	<ol style="list-style-type: none"> 1. Yes, Appendix B is for informational purposes to aid bidders in completing Appendix A. 2. Yes, do not complete, sign and return Appendix B
21	General. The state previously had previously issued an RFP for consulting support with re-procurement to include the long term services and supports. With the anticipation of a contract amendment to current MCO contracts, will the winning vendor need to anticipate coordination with another party such as the one being previously procured?	No.
22	General. What role is anticipated for this vendor to assist in implementing the oversight plan?	Per Section 3.2.3.5, the selected consultant will "Deliver an MLTSS compliance plan, with training, to the Department MCO Operations staff."



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23	<p>General:</p> <ol style="list-style-type: none">1. Did RFP-2017-OMS-02-MANGE replace or is it in addition to - RFP-2017-OMS-01—MANAG – Managed Long-Term Services and Supports Consulting Services, which was posted on 11-18-2016?2. Has NH canceled this RFP and replaced it with the attached solicitation? If not, has NH selected a vendor for this RFP, and if so, can you please tell me the name of the selected vendor?	<ol style="list-style-type: none">1. RFP-2017-OMS-02—MANAG – Managed Long-Term Services and Supports Consulting Services posted on 02-27-2017 replaced RFP-2017-OMS-02-MANAG.2. Yes, the original RFP was canceled.
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